



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

March 12, 2008

Margaret Nelson, Administrator
Independence Home
430 Willard Avenue
Pocatello, ID 83201

License #: RC-208

Dear Ms. Nelson:

On February 7, 2008, a Fire Life Safety Survey was conducted at Independence Home. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL
Health Facility Surveyor
Facility Fire Safety & Construction Program

EM/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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February 15, 2008

Margaret Nelson, Administrator
Independence Home
430 Willard Avenue
Pocatello, ID 83201

Dear Ms. Nelson:

On February 7, 2008, a Fire Life Safety Survey was conducted at Independence Home. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 8, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

FILE COPY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R208	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 02/07/2008
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 430 WILLARD AVE POCATELLO, ID 83201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 7, 2008.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000			

FILE COPY

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



IDAHO DEPARTMENT OF
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BUREAU OF FACILITY STANDARDS
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Independence Home</i>	Physical Address <i>430 Willard Avenue</i>	Phone Number <i>234-0008</i>
Administrator <i>Margaret Nelson</i>	City <i>Parisville</i>	ZIP Code <i>83201</i>
Survey Team Leader <i>Eric Munnell</i>	Survey Type <i>FCS</i>	Survey Date <i>Feb 7 2008</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	405.05	Maintenance: a) Exit signs did not illuminate upon test at door 6 & 7 and at the front exit. b) Escutcheon plates were not in place in the sprinkler riser room and in the bathroom of the southeast bedroom.		
2	750.01	Fire Drills: Drills were not documented as held for each shift per quarter.		
3	750.05	Fire Alarm: Monthly testing of the fire alarm system was not documented as done monthly.		
4	410.01	Relocation: An agreement written to provide relocation of residents was not signed signed with a current facility/ location.		

Response Required Date

Signature of Facility Representative

Date Signed

March 7, 2008

X Margaret Nelson

2-7-08